



Wisconsin Department of Agriculture, Trade & Consumer Protection  
 Division of Agricultural Resource Management  
 Bureau of Agrichemical Management  
 PO Box 8911  
 Madison WI 53708-8911  
 Phone: (608) 224-4500

**OFFICE USE ONLY**

RP Name:

Discharge Site Location:

Permit Number:

**ACCP Landspreading Agreement Form** (Section 94.73, Wis. Stats.)**PART I – Landspreading Site Information**

Field 1		Field 2	
Location: _____ ¼ of the _____ ¼, Section _____, Town _____ N, Range _____ E or W (Circle one)		Location: _____ ¼ of the _____ ¼, Section _____, Town _____ N, Range _____ E or W (Circle one)	
Proposed Crop:	Acres in this Field:	Proposed Crop:	Acres in this Field:
Proposed Landspreading Date(s):		Proposed Landspreading Date(s):	
Proposed Landspreading Method:		Proposed Landspreading Method:	
Total Soil to be applied to this Field (yds <sup>3</sup> ):		Total Soil to be applied to this Field (yds <sup>3</sup> ):	
Proposed Tillage Method for this Field:		Proposed Tillage Method for this Field:	
Proposed Tillage Timing: Spring <input type="checkbox"/> Fall <input type="checkbox"/> (Check one)		Proposed Tillage Timing: Spring <input type="checkbox"/> Fall <input type="checkbox"/> (Check one)	

**PART II – Product Credit****PART II – Product Credit**

Contaminant (Common Name)	Proposed Credit (lbs./acre)	Contaminant (Common Name)	Proposed Credit (lbs./acre)

**PART III – Landowner Agreement**

I agree to take the credits listed in Part II for the nutrients and/or pesticide active ingredients applied to the field(s) listed in Part 1. I also agree to plant the crop listed in Part I of this form and disclose this information to any person who may grow crops on this field within 18 months of landspreading event.

\_\_\_\_\_  
 Landowner's Name (Print or Type)

\_\_\_\_\_  
 Landowner's Signature

Mailing Address

\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_